

# Special Report

## Exhibit 5:

Glenn A. Porter, DOC 99595

Incident 486 Packet

5-1A

## INCIDENT REPORT

<b>Facility:</b>	Cimarron Correctional	<b>Incident Number:</b>	2017-1003-486-PREA
<b>Incident Date/Time (HRS):</b>	08/26/2017 07:00 hours		
<b>Facility Damage:</b>	None		
<b>Incident Location:</b>	Facility Property \ Section: E \ Block: C \ Cell: 221		

## INCIDENT PRIORITY LIST:

Priority	Priority Description
PREA	IOI Sexual Harassment

<b>Other Priority Description:</b>	
------------------------------------	--

<b>DESCRIPTION OF INCIDENT:</b>
<p>On Saturday August 26, 2017 at 0700 Chaplain Arthur Fox was conducting Facility Duty Officer rounds on Echo Charlie unit. When Chaplain Fox arrived to Echo Charlie cell 221 inmate Thomas Shields ODOC# 754757 was standing at the cell door with a sign say " Help me please PREA. Chaplain Fox told inmate Shields that he was going to go inform the unit officer. Chaplain Fox then went and informed Senior Correctional Officer Timothy McCool. Senior Officer McCool immediately notified Shift Supervisor Dwight Munday. Shift Supervisor Munday sent Assistant Shift Supervisor Earl Hamby to report to Echo Charlie to remove inmate Shields from cell 221.</p> <p>Once Supervisor Hamby removed inmate Shields from cell 221 to interview and have inmate Shields write a statement. Inmate Shields statement stated that inmate Glenn Porter ODOC# 99595 asked inmate Shields to let "him (Porter) suck his (Shields) penis. Inmate Shields refused the advance. The statement then went on to say that after inmate Shields refused inmate Porter stated " He would get some dick after he (Shields) went to sleep.</p> <p>Supervisor Hamby escorted inmate Shields to medical for evaluation. Upon being evaluated inmate Shields received no injuries. Inmate Shields was then interviewed by Facility Investigator Greg Jones. After the interview with Investigator Jones inmate was placed in a medical cell until housing could be made available.</p> <p>Supervisor Hamby then escorted inmate Porter from Echo Charlie 221 to medical for evaluation and to be interviewed by Investigator Jones. Inmate Porter had no injuries reported during the medical evaluation. Investigator Jones then conducted an interview with inmate Porter, Inmate Porter stated that inmate Shields had exposed himself to inmate Porter. Inmate Porter told inmate Shields that "he (Porter) had no desire to have sex". Once the interview was completed inmate Porter was escorted back to Echo Charlie cell 221.</p> <p>After the investigation was completed by investigator Jones it was determined that both inmate Porter and inmate Shields placed the claim on each other, and both inmate Porter and inmate Shields denied making sexual advances towards one another. Both inmate Porter and inmate Shields stated that there was no contact between them. Investigator Jones found the claim to be unsubstantiated.</p>

<b>Inmates/Residents Involved?</b>	Yes
------------------------------------	-----

## INVOLVED PEOPLE:

Inmate/Resident Name(s) & Number	Jurisdiction	Witness or Participant	5-1C Attached or Refused?	Injuries
GLENN PORTER (99595)	640000	Participant	Refused	No

5-1A

## INCIDENT REPORT

THOMAS SHIELDS (754757)	640000	Participant	Attached	No
-------------------------	--------	-------------	----------	----

Employee Name(s) & Number	Employee Title	Witness or Participant	5-1C Attached?	Injuries
Arthur Fox (19979298)	CHAPLAIN	Participant	Yes	No
Timothy Mccool (22636704)	SR CORRECTIONAL OFFICER	Participant	Yes	No
Dwight Munday (16524440)	SHIFT SUPERVISOR	Participant	Yes	No
Earl Hamby jr (6878931)	ASSISTANT SHIFT SUPERVISOR	Participant	Yes	No
Greg Jones (1654014)	INVESTIGATOR	Participant	Yes	No

Medical Evaluation Completed?	Yes
-------------------------------	-----

## HEALTH SERVICES PERSONNEL CONDUCTING EXAMINATIONS:

Name	Title
Warren, Jeanette	LPN
Thomas, Antia	LPN

Weapons Discovered?	No	How Many?	
---------------------	----	-----------	--

Weapon Description	Weapon Location
--------------------	-----------------

Cell Phones Discovered?	No	How Many?	
-------------------------	----	-----------	--

Inmate/Resident Disciplinary Charges Filed?	No
---	----

Inmate/Resident Name(s) & Number	Segregation and/or PHD	Property Inventory Completed
----------------------------------	------------------------	------------------------------

Incident Videotaped?	No		
Name/Title of Camera Operator:			
If Not Recorded, Explain:	Not a recordable incident		
Photos of injuries, contraband, or property?	Yes	How Many?	2
If No Photos, Explain:			
Name/Title of Photo Taker:	S/S Dwight Munday		



5-1A

## INCIDENT REPORT

## EVIDENCE INFORMATION:

Evidence recovered during incident?	No
Chain of Custody Maintained:	No
Evidence Description:	
Evidence Current Location:	
Name/Title of Person Discovering Evidence:	
Criminal Charges:	No

## Notifications:

## Facility Notifications:

Person Notified	Date/Time Notified	Notified By	ADO?
Virgil Ensey	08/26/2017 @ 0715	Earl Hamby	Yes

## FSC Notifications:

Person Notified	Date/Time Notified	Notified By
Lane Blair	08/26/2017 @ 0718	Assistant Warden Virgil Ensey

## Contracting Agency Notifications:

Person Notified	Date/Time Notified	Notified By
Jamie Keef	08/26/2017 @ 0721	Assistant Warden Virgil Ensey
Ken Yott	08/26/2017 @ 0955	Facility Investigator Greg Jones

## Outside Agency Notifications:

Person Notified	Date/Time Notified	Notified By
-----------------	--------------------	-------------

Referred for Investigation by Warden/Administrator or ADO?	Yes
--	-----

Prepared By:	Dwight Munday	Title:	Shift Supervisor
--------------	---------------	--------	------------------

Completed Date/Time:	08/26/2017 17:52hours
----------------------	-----------------------

Name	Job Title	Date and Time Signed
Dwight Ga Munday	SHIFT SUPERVISOR	08/26/2017 16:39 hrs.

5-1C

## INCIDENT STATEMENT

<b>Facility</b>	Cimarron Correctional	<b>Incident Number</b>	2017-1003-486-PREA
-----------------	-----------------------	------------------------	--------------------

<b>Person Name</b>	<b>Person Type</b>	<b>Person Role</b>
	null	null

<b>Incident Date/Time (HRS):</b>	08/26/2017 07:00 hours
----------------------------------	------------------------

<b>Based on your own knowledge, what did you see, hear, and do?</b>

<b>Did you receive any injuries?</b>	(If Yes, Explain below)

<b>Were you evaluated by medical?</b>	
---------------------------------------	--

<b>Signature:</b>		<b>Date:</b>	
<b>Typed By:</b>		<b>Date:</b>	

This section to be completed by CCA staff if the inmate or civilian/other refused to complete the 5-1C:

<b>Employee/Witness Name:</b>		<b>Date:</b>	
<b>Employee/Witness Name:</b>		<b>Date:</b>	

5-1E

## PRISON RAPE ELIMINATION ACT (PREA) REPORTING

Facility	Cimarron Correctional	Incident Number	2017-1003-486-PREA
----------	-----------------------	-----------------	--------------------

## 1. ALLEGED VICTIM:

Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
---------	--	---------------------------------

Transgender:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
--------------	------------------------------	--

## 2. ALLEGED PERPETRATOR:

Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
---------	--	---------------------------------

Transgender:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
--------------	---	-----------------------------

## 3. FOLLOWING AN INVESTIGATION, THE ALLEGATION WAS DETERMINED TO BE:

PREA:	IOI Sexual Harassment		
<input type="checkbox"/> Substantiated*	<input checked="" type="checkbox"/> Unsubstantiated	<input type="checkbox"/> Unfounded	

\*NOTE: Section 4 below to be completed ONLY if one or more of the allegations is substantiated.

## 4. SANCTIONS:

## a. Legal:

<input type="checkbox"/> Arrest	<input type="checkbox"/> Referral for Prosecution	<input type="checkbox"/> New Sentence	<input checked="" type="checkbox"/> N/A
---------------------------------	---	---------------------------------------	---

## b. Institutional Discipline:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
---	-----------------------------	------------------------------

## c. Staff Discipline:

<input type="checkbox"/> Yes (If Yes, explain/describe below)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
---	--	------------------------------

--

## 5. INMATE/RESIDENT CHANGE IN CUSTODY:

<input type="checkbox"/> Segregation	<input type="checkbox"/> Increase in Custody Level	<input type="checkbox"/> Transferred to another facility	<input checked="" type="checkbox"/> N/A
--------------------------------------	--	--	---

Form Completed By:	Greg Jones	Today's Date:	08/28/2017
--------------------	------------	---------------	------------

NOTE: Upon completion of this form, forward to CCA Assistant General Counsel, Operations.



5-1G

## INCIDENT INVESTIGATION REPORT

<b>Facility</b>	Cimarron Correctional	<b>Incident Number</b>	2017-1003-486-PREA
-----------------	-----------------------	------------------------	--------------------

<b>Date of Investigation</b>	08/28/2017	<b>Investigator Name</b>	Greg Jones
------------------------------	------------	--------------------------	------------

<b>1. Were all witnesses and participants interviewed?</b>	No (If No, Explain below)
Inmate Glenn Porter Inmate Thomas Shields Captain Dwight Munday Lieutenant Earl Hamby	

<b>2. What documents were examined (e.g. logbooks, report, rosters, work schedules, etc.)?</b>
5-1 A Incident Report  Medical and Mental Health Evaluation  2 Color Photos

<b>3. Were any of the inmates/residents (witnesses or participants) involved suspected or validated gang members?</b>	No
---	----

<b>4. Is there any indication that the incident was STG related?</b>	No (If Yes, Explain below)

<b>5. Is there any indication that the incident involved terrorist threat/activity?</b>	N/A (If Yes, Explain below)

<b>6. Any indications of policy, procedure, or practice violations?</b>	No (If Yes, Explain below)

<b>7. Investigative Conclusions:</b>
Investigative Findings:  INVESTIGATION PARTICIPANTS:  First and Last Name Formal Title  Thomas Shields Offender Glenn Porter Offender  INVESTIGATION FINDINGS:  In an interview conducted on August 26, 2017, Offender Thomas Shields indicated the following: that Porter his cell-

mate ask him if he wanted to get his "dick sucked by a real woman" and then started to clean himself and flushed his anus out with water and soap. Shields further stated that Porter just started acting strange and would become agitated if he did not get his way. Inmate stated that there was no contact between him and Inmate Porter.

In an interview conducted on August 26, 2017, Offender Glenn Porter indicated the following: that Shields had exposed himself to him and he stated to Shields that he does not have the desires to do that "sex with anyone, anymore". Inmate further stated that there was no contact between him and Inmate Shields.

#### CONCLUSION SUMMARY:

Offender Shields stated that Offender Porter had made sexual advances toward him and ask him if he wanted his "dicks sucked by a real woman" and that porter had been acting strange. Offender Porter stated that Offender Shields had exposed himself to him and he (Porter) told Shields that he does not have the desire to have sex. Both offenders place the claim on each other and denied that they made any sexual advances toward one another. Both offenders stated that there was No contact between them.

Investigative finding is Unsubstantiated

<b>Prepared by:</b>	Greg Jones	<b>Title:</b>	Investigator
---------------------	------------	---------------	--------------

<b>Date:</b>	08/28/2017
--------------	------------

#### Electronically Signed By:

Name	Job Title	Date and Time Signed
Greg A Jones	INVESTIGATOR	08/28/2017 10:47



5-1H

## INCIDENT PACKET CHECKLIST AND ADMINISTRATIVE REVIEW

<b>Facility</b>	Cimarron Correctional	<b>Incident Number</b>	2017-1003-486-PREA
-----------------	-----------------------	------------------------	--------------------

**To be Completed by the Chief of Security or Designee:**

**5-1 Packet Contains Necessary Forms:**

X	5-1A Incident Report
X	5-1C Incident Statements (For each witness/participant)
	5-1D Use of Force Summary & Review
X	5-1E Prison Rape Elimination Act (PREA) Reporting
	5-1F Death of Inmate/Resident in Custody Report
X	5-1G Incident Investigation Report
X	5-1H Incident Packet Checklist & Administrative Review
X	13-34A2 Emergency Anatomical Form or contracting agency form (For all medical assessments)

**Additional Information:**

	Disciplinary Reports Completed?
X	Customer Required Documents Completed?
X	All photos maintained with the packet?
	Videotape securely stored?

**Comments:**

Reviewed and closed at this time.

**To be completed by the Warden or Designee:**

**Additional Notifications Made:**

Notified:	Yes/No/NA	Date/Time (HRS)	Notified By:
Medical Examiner/Coroner:	N/A		
Inmate's/Resident's Next of Kin:	N/A		
American Correctional Association: (With Approval of FSC QA)	N/A		
JTTF or Similar Local Authority Notified:	N/A		

**Date Agency Notified:**

**Employee corrective action taken (If Any):**

5-1H

## INCIDENT PACKET CHECKLIST AND ADMINISTRATIVE REVIEW

<b>Incident is Considered:</b>	Closed	<b>(If Open, Complete Section Below)</b>
--------------------------------	--------	--

<b>Pending Actions (Check all that apply):</b>			
<input type="checkbox"/>	Assigned for internal investigation	Assigned To:	
<input type="checkbox"/>	Referred for external investigation	Referred To:	
<input type="checkbox"/>	Referred for prosecution		
<input type="checkbox"/>	Other:	Explain:	

<b>Comments:</b>

**Electronically Signed By:**

Name	Job Title	Date and Time Signed
John P Hilligoss	CHIEF OF UNIT MANAGEMENT	09/27/2017 19:17
Virgil D. Ensey	ASST WARDEN	10/04/2017 17:13

## Comprehensive Report

If ordered, the Comprehensive Report shall be submitted within five working days of the incident to the appropriate division manager or designee.

Facility:	Cimarron Correctional	Reported by:																									
Type of Incident:	Sexual Assault (actual, alleged, or potential)																										
Date/Time Incident Occurred:	08/26/2017 07:00																										
Location of Incident (Unit, Quad, Cell, dining hall, etc.)	Facility Property \ Section: E \ Block: C \ Cell: 221																										
<p>A: Full description of incident (who, what, where, why and how. Include all offender and staff actions during the incident):</p> <p>On Saturday August 26, 2017 at 0700 Chaplain Arthur Fox was conducting Facility Duty Officer rounds on Echo Charlie unit. When Chaplain Fox arrived to Echo Charlie cell 221 inmate Thomas Shields ODOC# 754757 was standing at the cell door with a sign say " Help me please PREA. Chaplain Fox told inmate Shields that he was going to go inform the unit officer. Chaplain Fox then went and informed Senior Correctional Officer Timothy McCool. Senior Officer McCool immediately notified Shift Supervisor Dwight Munday. Shift Supervisor Munday sent Assistant Shift Supervisor Earl Hamby to report to Echo Charlie to remove inmate Shields from cell 221.</p> <p>Once Supervisor Hamby removed inmate Shields from cell 221 to interview and have inmate Shields write a statement. Inmate Shields statement stated that inmate Glenn Porter ODOC# 99595 asked inmate Shields to let "him (Porter) suck his (Shields) penis. Inmate Shields refused the advance. The statement then went on to say that after inmate Shields refused inmate Porter stated " He would get some dick after he (Shields) went to sleep.</p> <p>Supervisor Hamby escorted inmate Shields to medical for evaluation. Upon being evaluated inmate Shields received no injuries. Inmate Shields was then interviewed by Facility Investigator Greg Jones. After the interview with Investigator Jones inmate was placed in a medical cell until housing could be made available.</p> <p>Supervisor Hamby then escorted inmate Porter from Echo Charlie 221 to medical for evaluation and to be interviewed by Investigator Jones. Inmate Porter had no injuries reported during the medical evaluation. Investigator Jones then conducted an interview with inmate Porter. Inmate Porter stated that inmate Shields had exposed himself to inmate Porter. Inmate Porter told inmate Shields that "he (Porter) had no desire to have sex". Once the interview was completed inmate Porter was escorted back to Echo Charlie cell 221.</p> <p>After the investigation was completed by investigator Jones it was determined that both inmate Porter and inmate Shields placed the claim on each other, and both inmate Porter and inmate Shields denied making sexual advances towards one another. Both inmate Porter and inmate Shields stated that there was no contact between them. Investigator Jones found the claim to be unsubstantiated.</p>																											
<p>B: Staff involved and role they played during/after the incident:</p>																											
<p>C: What events precipitated this event:</p>																											
<p>D: Offenders involved:</p> <table border="1"> <thead> <tr> <th>Full Name</th> <th>DOC #</th> <th>Race</th> <th>Age</th> <th>Sentence Length/Days Remaining/Crime/STG Affiliation</th> <th>Updated offender profile screening from attached (Y or N)</th> <th>Mental Health Level/Medication Compliance (past 90 days)</th> <th>Updated Mental Health Assessment Attached (Y or N)</th> </tr> </thead> <tbody> <tr> <td>PORTER, GLENN ARTHUR</td> <td>99595</td> <td>W</td> <td>58</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SHIELDS, THOMAS JOSEPH</td> <td>754757</td> <td>W</td> <td>47</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Full Name	DOC #	Race	Age	Sentence Length/Days Remaining/Crime/STG Affiliation	Updated offender profile screening from attached (Y or N)	Mental Health Level/Medication Compliance (past 90 days)	Updated Mental Health Assessment Attached (Y or N)	PORTER, GLENN ARTHUR	99595	W	58					SHIELDS, THOMAS JOSEPH	754757	W	47				
Full Name	DOC #	Race	Age	Sentence Length/Days Remaining/Crime/STG Affiliation	Updated offender profile screening from attached (Y or N)	Mental Health Level/Medication Compliance (past 90 days)	Updated Mental Health Assessment Attached (Y or N)																				
PORTER, GLENN ARTHUR	99595	W	58																								
SHIELDS, THOMAS JOSEPH	754757	W	47																								
<p>E: Injuries sustained:</p>																											



Staff or Offender (S or O)	Full Name	Type of Injury	Cause of Injury	Treatment Received- Offender (provide update on current condition, treatment and location)	Treatment Received-Staff (was treatment provided outside of the facility)
-------------------------------	-----------	----------------	-----------------	---	---

F:	Were any weapons or contraband recovered during this incident?
G:	What future impact will/could this incident have on staff and/or offenders and/or their families?
H:	What corrective measures were implemented and what follow-up action should be addressed to resolve and/or prevent future incidents?
I:	What disciplinary/commendations for staff was recommended?
J:	If there is no video related to this incident, explain why:
K:	If there is video of this incident, how many discs are included with this report?
L:	Will transfers or separatees be recommended for any of the offenders involved?



**Spontaneous Incidents/Use of Force: Check List/Closure**

1. I am \_\_\_\_\_ ; \_\_\_\_\_  
Name Title
2. Today's date and time is: \_\_\_\_\_
3. My location at the present is: \_\_\_\_\_
4. The location of the incident was: Facility Property \ Section: E \ Block: C \ Cell: 221
5. The name(s) and number of offender(s) is/are:  
PORTER, GLENN ARTHUR 99595  
SHIELDS, THOMAS JOSEPH 754757
6. Name(s) and title of staff involved were as follows:  
Fox, Arthur Allen CHAPLAIN  
Mccool, Timothy Ryan SR CORRECTIONAL OFFICER  
Munday, Dwight Ga SHIFT SUPERVISOR  
Hamby jr, Earl ASSISTANT SHIFT SUPERVISOR  
Jones, Greg A INVESTIGATOR
7. The circumstances leading to the incident were:
8. Action taken during the incident was:
9. Name(s) and title of staff involved were as follows:  
Fox, Arthur Allen CHAPLAIN  
Mccool, Timothy Ryan SR CORRECTIONAL OFFICER  
Munday, Dwight Ga SHIFT SUPERVISOR  
Hamby jr, Earl ASSISTANT SHIFT SUPERVISOR  
Jones, Greg A INVESTIGATOR
10. Injuries to staff and offender were: (examinations of staff and offenders must be conducted by medical personnel):
11. Medical staff present are:  
Warren, Jeanette LPN  
Thomas, Antia LPN
12. Summary of injuries are:
13. This concludes the incident involving the following offender(s):  
PORTER, GLENN ARTHUR 99595  
SHIELDS, THOMAS JOSEPH 754757
14. Camera operator is: \_\_\_\_\_  
Name/Title
15. This tape, all incident reports, misconduct reports, or any physical evidence will be secured in

(R 10/12)

the chief of security's office until the next working day when all reports and the tape can be reviewed by the facility/unit head, assistant facility/unit head and chief of security.

---

Name/Title/Position

16. This concludes the Spontaneous Use of Force incident involving offender(s). Give a summary of the name and DOC number of offenders and time of the Spontaneous Use of Force incident:

**Incident Notification Checklist**

As incidents vary, additional questions may need to be asked to clarify (if possible) the event(s) that occurred. An update of staff or offender injuries will require a follow-up e-mail to provide the condition of staff and/or offenders. This update should be requested periodically and supplied by the facility as new information is learned.

Original: Updated: 08/26/2017

Facility: Cimarron Correctional

Reported by: Warden Raymond Byrd

Type of Incident: Sexual Assault (actual, alleged, or potential)

Date/Time Incident Occurred: 08/26/2017 07:00

Date/Time Division Manager Notified:

Location of Incident (Unit, Quad, Cell, dining hall, etc.)

Facility Property \ Section: E \ Block: C \ Cell: 221

Unit locked down?

☐ Yes ☒ No

Has DOC Inspector General been

☒ Yes ☐ No

By Whom?

Facility Investigator Greg Jones

When?

**Incident Classification**

1. Offender-on-Offender assaults with serious injury: N/A
- 1a. Number of Offender-on-Offender victims of assaults with serious injury: N/A
2. Offender-on-Offender assaults without serious injury: N/A
3. Offender-on-Offender fight: N/A
4. Offender-on-Offender assaults by throwing substances: N/A
5. Disruptive Event: N/A

**Offenders Involved**

(attach additional pages if needed)

Full Name	DOC #	Race	Age	Crime(s)
PORTER, GLENN ARTHUR	99595	W	58	
SHIELDS, THOMAS JOSEPH	754757	W	47	

**Staff Involved**

(attach additional pages if needed)

Full Name	Title/Position
Fox, Arthur Allen	CHAPLAIN
Mccool, Timothy Ryan	SR CORRECTIONAL OFFICER
Munday, Dwight Ga	SHIFT SUPERVISOR
Hamby jr, Earl	ASSISTANT SHIFT SUPERVISOR
Jones, Greg A	INVESTIGATOR

**Brief Summary of Incident**

On Saturday August 26, 2017 at 0700 Chaplain Arthur Fox was conducting Facility Duty Officer rounds on Echo Charlie unit. When Chaplain Fox arrived to Echo Charlie cell 221 inmate Thomas Shields ODOC# 754757 was standing at the cell door with a sign say " Help me please PREA. Chaplain Fox told inmate Shields that he was going to go inform the unit officer. Chaplain Fox then went and informed Senior Correctional Officer Timothy McCool. Senior Officer McCool immediately notified Shift Supervisor Dwight Munday. Shift Supervisor Munday sent Assistant Shift Supervisor Earl Hamby to report to Echo Charlie to remove inmate Shields from cell 221.

Once Supervisor Hamby removed inmate Shields from cell 221 to interview and have inmate Shields write a statement. Inmate Shields statement stated that inmate Glenn Porter ODOC# 99595 asked inmate Shields to let "him (Porter) suck his (Shields) penis. Inmate Shields refused the advance. The statement then went on to say that after inmate Shields refused inmate Porter stated " He would get some dick after he (Shields) went to sleep.

Supervisor Hamby escorted inmate Shields to medical for evaluation. Upon being evaluated inmate Shields received no injuries. Inmate Shields was then interviewed by Facility Investigator Greg Jones. After the interview with Investigator Jones inmate was placed in a medical cell until housing could be made available.

Supervisor Hamby then escorted inmate Porter from Echo Charlie 221 to medical for evaluation and to be interviewed by Investigator Jones. Inmate Porter had no injuries reported during the medical evaluation. Investigator Jones then conducted an interview with inmate Porter. Inmate Porter stated that inmate Shields had exposed himself to inmate Porter. Inmate Porter told inmate Shields that "he (Porter) had no desire to have sex". Once the interview was completed inmate Porter was escorted back to Echo Charlie cell 221.

After the investigation was completed by investigator Jones it was determined that both inmate Porter and inmate Shields placed the claim on each other, and both inmate Porter and inmate Shields denied making sexual advances towards one another. Both inmate Porter and inmate Shields stated that there was no contact between them. Investigator Jones found the claim to be unsubstantiated.

#### Staff/Offender Injuries

(Be as specific as possible - head wound, puncture wound, etc., to include any emergency treatment/hospital transport)

#### Weapons Used/Recovered (if known)

If applicable, was the  
offender single celled?

☐ Yes ☒ No

If no, was cell  
partner involved?

☒ Yes ☐ No

Name/DOC# Glenn Porter 99595

#### Any other pertinent information specific to this incident

#### Notification

Reported to Division Manager by:

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

INSPECTOR GENERAL'S OFFICE TO NOTIFY THE PUBLIC INFORMATION OFFICER

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of Manager

Comprehensive Report Ordered: \_\_\_\_\_ Yes \_\_\_\_\_ No

The report will be as detailed as possible utilizing Attachment A "Comprehensive Report."



## Incident Classification Definitions

Offender-on-offender assaults with serious injury – A serious injury requires urgent and immediate medical treatment and restricts the offender's usual activity. Medical treatment should be more extensive than mere first aid, such as the application of bandages to wounds; it might include stitches, setting of broken bones, treatment of concussion, loss of consciousness, etc.

Number of Offender-on-offender victims – An assault may have more than one victim; count the number of victims.

Offender-on-offender assaults without serious injury – An assault that results in an injury that does not require urgent and immediate medical treatment.

Offender-on-offender fight – Do not count serious assaults or assaults that do not involve serious injury as "fights." A fight may include a flare of tempers with physical contact (e.g. punch, hard shove, etc.), mutual combat, or minor physical contact between two or more offenders where there was no injury.

Offender-on-offender assaults by throwing substances– Exclude assaults with serious injury. Include assaults by throwing or spitting liquid, blood, waste, chemicals, urine, etc. that involved non-serious injury or no injury.

Disruptive Event– Incidents brought about by offender action that resulted in loss of control of the facility or a portion of the facility and required extraordinary measure to regain control.

Victim – An individual who is harmed or assaulted by another individual regardless of whether the identity of the assailant(s) was substantiated by the disciplinary process or a court of law. However, there must be sufficient evidence that the injury resulted from an attack and not an accident.

## Serious Incident Database Report

### Private Prisons

1. Facility: Cimarron Correctional

2. Date of Incident: 08/26/2017

3. Offender Offense History:

4. Area of Incident:

5. Narrative:

6. Who was the first responder to the incident?

7. If PREA, was the incident referred to Internal Affairs?

8. If Use of Force was used, was it?

9. If planned, was Medical contacted prior to Use of Force?

10. Was the incident video recorded?

11. If electronic technology was used, was the offender medically cleared?

12. What type of non-deadly force equipment was used?

☐ Inflammatory

☐ Electronic Technology

☐ OC

☐ Electronic Shield

☐ CS (Private Prisons ONLY)

☐ Radio Active Custody Control

☐ Taser

☐ Physical Restraint Device

☐ Belly Chains

☐ Leg Irons

☐ Four or Five point restraints

☐ Restraint Chair

☐ Handcuffs

☐ Other

**13. What level of force was used?**☐ Inflammatory Agent☐ OC

Weight prior to use:

☐ CS (Private Prisons ONLY) Weight prior to use:☐ Deadly Force☐ Hand Gun☐ Rifle-Sniper☐ Rifle-Tower☐ Shot Gun☐ Impact Weapons☐ Baton☐ Collapsible Baton☐ Physical Contact☐ Defensive Tactics- hold☐ Offensive Tactics- Striking**14. Was more than one camera used to record incident?****15. Were there injuries during the Use of Force?****16. Where was the injury treated?****17. Injuries Sustained:**☐ Staff☐ Offender☐ Both**18. What was the mental health levels of the offenders involved?****19. Was the offender taking prescribed medications?**

**20. Was the incident racially motivated?**

**21. Race(s) involved?**

☐ Black

☐ White

☐ Hispanic

☐ Native American

☐ Other



14-2C

## SEXUAL ABUSE INCIDENT CHECK SHEET

Alleged Victim:	Thomas Shields	Facility:	CCF
Alleged Perpetrator:	Glenn Porter		

Date/Time:	8/26/2017 @ 0700	Required Activities
------------	------------------	---------------------

## INITIAL REPORT OR ALLEGATIONS OF SEXUAL ABUSE

8/26/17 0650	<input checked="" type="checkbox"/>	First responder separates inmate/resident from alleged perpetrator and notifies Shift Supervisor.
N/A	<input checked="" type="checkbox"/>	If the alleged incident involves an identified staff perpetrator, ensure steps are taken to place this person in a non-inmate/resident contact role or on administrative leave pending the investigation.
8/26/17 0710	<input checked="" type="checkbox"/>	Security immediately escorts inmate/resident to Health Services Department (physical contact only).
N/A	<input checked="" type="checkbox"/>	Health Services Department stabilizes/assesses victim (physical contact only).
8/26/17 0715	<input checked="" type="checkbox"/>	Health Services Department notifies the SART representative (i.e. mental health/Victim Services Coordinator (VSD)/medical).
N/A	<input checked="" type="checkbox"/>	Inmate/resident is not allowed to shower, remove clothing without medical supervision, use the restroom, or consume any liquids (in order to preserve evidence) (physical contact only).
8/26/17 0710	<input checked="" type="checkbox"/>	Shift Supervisor notifies Warden/Administrator (ADO after hours) and PREA Compliance Manager.
8/26/17 0700	<input checked="" type="checkbox"/>	Shift Supervisor or Investigator obtains a brief statement from the alleged victim while in the Health Services Department.
8/26/17 0715	<input checked="" type="checkbox"/>	Victim requested victim advocate.
8/26/17 0730	<input checked="" type="checkbox"/>	When requested, victim advocate was made available.
N/A	<input checked="" type="checkbox"/>	If report is within 72 hours of physical abuse/penetration, if medically and evidentially appropriate, Shift Supervisor and medical staff ensure victim is transported to outside medical provider for evidence collection/treatment.
N/A	<input checked="" type="checkbox"/>	If report is within 72 hours of physical abuse/penetration, Shift Supervisor and/or Investigator preserves the crime scene by sealing access, if possible, and photographing the scene and visible evidence at the scene (e.g. tissue or blood).
N/A	<input checked="" type="checkbox"/>	If the alleged perpetrator is an inmate/resident, security staff ensures he/she is placed in a single cell (if available) in the event evidence collection is required. The inmate/resident is not allowed to wash, shower, or change clothes (physical contact only).
N/A	<input checked="" type="checkbox"/>	The PREA Compliance Manager or facility Investigator notifies local law enforcement officers of the allegation and asks for guidance in crime scene preservation and coordinating the investigation (only if allegation is a criminal act).
8/26/17 0720	<input checked="" type="checkbox"/>	The Warden/Administrator/designee or ADO notifies the contracting agency.
8/26/17 0720	<input checked="" type="checkbox"/>	The Warden/Administrator/designee or ADO ensures the 5-1A and any correctional agency required documentation is completed within 24 hours of the initial report or allegation of sexual abuse and/or harassment.

## INITIAL PREA REVIEW (48 to 72 HOURS AFTER REPORT)

<input type="checkbox"/>	Managing Director convenes a preliminary review of the response to the incident involving the Warden/Administrator, PREA Compliance Manager, facility Investigator, the FSC PREA Coordinator, and available PREA committee members.
--------------------------	---

## ONGOING PREA RETALIATION MONITORING (for at least 90 days following report)

Date Assigned: 8-26-17	<input checked="" type="checkbox"/>	For at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of inmates/residents or staff who reported the sexual abuse, and of inmates/residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates/residents or staff, and shall act promptly to remedy any such retaliation. Items the facility should monitor include any inmate/resident disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. This ongoing review shall be documented using 14-2C Ongoing PREA Retaliation Monitoring Report (physical contact only).
Person Assigned: JMS Jones		

Electronically Signed By:

Name	Job Title	Date and Time Signed
------	-----------	----------------------



14-2C

**SEXUAL ABUSE INCIDENT CHECK SHEET**

<b>Alleged Victim:</b>	THOMAS SHIELDS (754757)	<b>Facility:</b>	Cimarron Correctional
<b>Alleged Perpetrator:</b>	GLENN PORTER (99595)		

Date/Time:	Required Activities
	<b>INITIAL REPORT OR ALLEGATIONS OF SEXUAL ABUSE</b>
	<input checked="" type="checkbox"/> First responder separates inmate/resident from alleged perpetrator and notifies Shift Supervisor.
	<input type="checkbox"/> If the alleged incident involves an identified staff perpetrator, ensure steps are taken to place this person in a non-inmate/resident contact role or on administrative leave pending the investigation.
	<input checked="" type="checkbox"/> Security immediately escorts inmate/resident to Health Services Department (physical contact only).
	<input type="checkbox"/> Health Services Department stabilizes/assesses victim (physical contact only).
	<input checked="" type="checkbox"/> Health Services Department notifies the SART representative (i.e. mental health/Victim Services Coordinator (VSD)/medical.
	<input type="checkbox"/> Inmate/resident is not allowed to shower, remove clothing without medical supervision, use the restroom, or consume any liquids (in order to preserve evidence) (physical contact only).
	<input checked="" type="checkbox"/> Shift Supervisor notifies Warden/Administrator (ADO after hours) and PREA Compliance Manager.
	<input checked="" type="checkbox"/> Shift Supervisor or Investigator obtains a brief statement from the alleged victim, while in the Health Services Department.
	<input checked="" type="checkbox"/> Victim requested victim advocate.
	<input checked="" type="checkbox"/> When requested, victim advocate was made available.
	<input type="checkbox"/> If report is within 72 hours of physical abuse/penetration, if medically and evidentially appropriate, Shift Supervisor and medical staff ensure victim is transported to outside medical provider for evidence collection/treatment.
	<input type="checkbox"/> If report is within 72 hours of physical abuse/penetration, Shift Supervisor and/or Investigator preserves the crime scene by sealing access if possible, and photographing the scene and visible evidence at the scene (e.g. tissue or blood).
	<input type="checkbox"/> If the alleged perpetrator is an inmate/resident, security staff ensures he/she is placed in a single cell (if available) in the event evidence collection is required. The inmate/resident is not allowed to wash, shower, or change clothes (physical contact only).
	<input type="checkbox"/> The PREA Compliance Manager or facility Investigator notifies local law enforcement officers of the allegation and asks for guidance in crime scene preservation and coordinating the investigation (only if allegation is a criminal act).
	<input checked="" type="checkbox"/> The Warden/Administrator/designee or ADO notifies the contracting agency.
	<input checked="" type="checkbox"/> The Warden/Administrator/designee or ADO ensures the 5-1A and any correctional agency required documentation is completed within 24 hours of the initial report or allegation of sexual abuse and/or harassment.

**INITIAL PREA REVIEW (48 to 72 HOURS AFTER REPORT)**

08/29/2017 09:31	<input checked="" type="checkbox"/> Managing Director convenes a preliminary review of the response to the incident involving the Warden/Administrator, PREA Compliance Manager, facility Investigator, the FSC PREA Coordinator, and available PREA committee members.
------------------	---

**ONGOING PREA RETALIATION MONITORING (for at least 90 days following report)**

Date Assigned:	<input checked="" type="checkbox"/>	For at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of inmates/residents or staff who reported the sexual abuse, and of inmates/residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates/residents or staff, and shall act promptly to remedy any such retaliation. Items the facility should monitor include any inmate/resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. This ongoing review shall be documented using 14-2D Ongoing PREA Retaliation Monitoring Report (physical contact only).
08/26/2017 00:00		
Person Assigned:		
Facility Investigator Greg Jones		

**Electronically Signed By:**

Name	Job Title	Date and Time Signed
Dwight Ga Munday	SHIFT SUPERVISOR	08/26/2017 18:01

6-1C

## INCIDENT STATEMENT

Facility	CCF	Incident Number	2017-1003-48A-PREA
----------	-----	-----------------	--------------------

Incident Date	August 26, 2017	Incident Time (HRS)	0628 on 0700

Person Name	ID Number (Employee #/Inmate #/Civilian ID)	Person Type (Employee/Inmate/Civilian)	Person Role (Witness or Participant)
Chaplain Fox ( FDO )	19979298	Employee	Witness

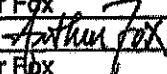
Housing Location (For Inmates/Residents Only)	Echo Charlie
---	--------------

## Based on your own knowledge, what did you see, hear, and do?

At 0628 on 8/26/17, while making my FDO rounds I was called to the door of cell EC 221. Upon arriving at the door I witnessed inmate, Thomas Shields # 754767, standing in front of the window with a small white sign reading, " HELP ME PLEASE PREA ". I shared with him quietly that I would inform security of his situation. SGT. McCool was in route to EC so I waited the 2-3 minutes until his arrival and notified him of inmate Shields' plea. He immediately radio-called Captain Munday. I indicated to SGT. McCool that I would submit a 5-1c.

Did you receive any injuries? YES or NO (If YES, Explain Below) No Injuries

Were you evaluated by medical? YES or NO No medical evaluation needed

Printed Name:	Arthur Fox	Date:	8/26/17
Signature:		Date:	8/26/17
Typed By:	Arthur Fox		

This section to be completed by CCA staff if the civilian/other or inmate/resident refused to complete the 5-1C.

Place an "X" in the appropriate box:

<input type="checkbox"/>	Inmate/Resident refused to complete this 5-1C
<input type="checkbox"/>	Civilian/Other refused to complete this 5-1C



5-1C

**INCIDENT STATEMENT**

<b>Facility</b>	Cimarron Correctional Facility	<b>Incident Number</b>	2017-1003-486-PREA
-----------------	--------------------------------	------------------------	--------------------

<b>Incident Date</b>	August 26, 2017	<b>Incident Time (HRS)</b>	0700
----------------------	-----------------	----------------------------	------

Person Name	ID Number (Employee #/Inmate #/Civilian ID)	Person Type (Employee/Inmate/Civilian)	Person Role (Witness or Participant)
Earl Hamby	6878931	Employee	Participant

<b>Housing Location (For Inmates/Residents Only)</b>	N/A
--	-----

**Based on your own knowledge, what did you see, hear, and do?**

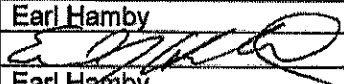
On August 26, 2017 and at approximately 0715 I, Assistant Shift Supervisor Earl Hamby was directed to report to Echo Charlie housing to initiate a possible PREA complaint. Upon arrival at Echo Charlie cell 221, I removed Inmate Thomas Shields OKDOC#754757 and asked him to write a statement detailing his complaint. Inmate Shields alleged that Inmate Glen Porter OKDOC#99595 had asked to be allowed to "Suck" Inmate Shields's penis. The Allegations stated that upon refusal of favors, Inmate Porter stated that he would get some "dick" when Inmate Shields fell asleep.

I escorted Inmate Shields to medical where it was determined that there was no physical contact between Inmate Shields and Inmate Porter. I notified Assistant warden Virgil Ensey and Facility Investigator Greg Jones of the allegations. Investigator Jones responded to the facility and spoke with Inmate Shields. After interviewing Inmate Shields, Investigator Jones had Inmate Shields Placed in a medical cell.

I returned to Echo Charlie housing and escorted Inmate Porter to medical for evaluation. Investigator Jones then interviewed Inmate Porter. Upon completion of the Interview I escorted inmate Porter back to Echo Charlie cell 221. I completed the escort and returned to my duties. EOS

<b>Did you receive any injuries? YES or NO (If YES, Explain Below)</b>	No
--	----

<b>Were you evaluated by medical? YES or NO</b>	No
---	----

<b>Printed Name:</b>	Earl Hamby	<b>Date:</b>	August 26, 2017
<b>Signature:</b>		<b>Date:</b>	August 26, 2017
<b>Typed By:</b>	Earl Hamby	<b>Date:</b>	August 26, 2017

This section to be completed by CCA staff if the civilian/other or inmate/resident refused to complete the 5-1C.

Place an "X" in the appropriate box:

<input type="checkbox"/>	Inmate/Resident refused to complete this 5-1C
<input type="checkbox"/>	Civilian/Other refused to complete this 5-1C

<b>Employee/Witness Printed Name</b>		<b>Date:</b>	
<b>Employee/Witness Signature</b>			

<b>Employee/Witness Printed Name</b>		<b>Date:</b>	
<b>Employee/Witness Signature</b>			



5-1C

## INCIDENT STATEMENT

Facility	Cimarron Correctional Facility	Incident Number	2017-1003-486-PREA
----------	--------------------------------	-----------------	--------------------

Incident Date	08/26/2017	Incident Time (HRS)	0700
---------------	------------	---------------------	------

Person Name	ID Number (Employee #/Inmate #/Civilian ID)	Person Type (Employee/Inmate/Civilian)	Person Role (Witness or Participant)
D. Munday	16524440	Employee	Participant

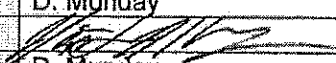
Housing Location (For Inmates/Residents Only)	
---	--

## Based on your own knowledge, what did you see, hear, and do?

On Saturday August 26, 2017 at approximately 0705 hours I Shift Supervisor Dwight Munday was notified of a PREA claim made by inmate Thomas Shields ODOC# 754757 against his cell partner Glenn Porter ODOC# 99595. I instructed Assistant Shift Supervisor Earl Hamby to report to Echo Charlie to talk to inmate Shields and escort him to Medical for evaluation and to gather more information.

Did you receive any injuries? YES or NO (If YES, Explain Below)	NO
---	----

Were you evaluated by medical? YES or NO	NO
--	----

Printed Name:	D. Munday	Date:	08/26/2017
Signature:		Date:	
Typed By:	D. Munday	Date:	

This section to be completed by CoreCivic staff if the civilian/other or inmate/resident refused to complete the 5-1C.

Place an "X" in the appropriate box:

<input type="checkbox"/>	Inmate/Resident refused to complete this 5-1C
<input type="checkbox"/>	Civilian/Other refused to complete this 5-1C

Employee/Witness Printed Name		Date:	
Employee/Witness Signature			

Employee/Witness Printed Name		Date:	
Employee/Witness Signature			

5-1C

## INCIDENT STATEMENT

Facility	Cimarron Correctional Facility	Incident Number	2017-1003-486-PREA
----------	--------------------------------	-----------------	--------------------

Incident Date	08/26/17	Incident Time (HRS)	0700
---------------	----------	---------------------	------

Person Name	ID Number (Employee #/Inmate #/Civilian ID)	Person Type (Employee/Inmate/Civilian)	Person Role (Witness or Participant)
S/O T. McCool	22636704	Employee	Participant


Housing Location (For Inmates/Residents Only)	
---	--

Based on your own knowledge, what did you see, hear, and do?

On Saturday August 26, 2017 at 0700 hours inmate Shields, Thomas DOC #754757 informed myself that a PREA incident had occurred with him and his cellmate Porter, Glenn DOC#99595. I notified my supervisor and separated the inmates from each other pulling inmate Shields down to the Echo Charlie pod officer office. Once the initial interview was complete inmate Shields was then taken to compound 1 medical. A cell search was conducted on Echo Charlie cell 221 based on the information given and there was nothing in the cell that was said would be in the cell. E.O.S.

Did you receive any injuries? YES or NO (If YES, Explain Below) No

Were you evaluated by medical? YES or NO No

Printed Name:	T. McCool	Date:	08/26/17
Signature:		Date:	08/26/17
Typed By:	T. McCool	Date:	08/26/17

This section to be completed by CCA staff if the civilian/other or inmate/resident refused to complete the 5-1C.

Place an "X" in the appropriate box:

<input type="checkbox"/>	Inmate/Resident refused to complete this 5-1C
<input type="checkbox"/>	Civilian/Other refused to complete this 5-1C

Employee/Witness Printed Name		Date:	
Employee/Witness Signature			

Employee/Witness Printed Name		Date:	
Employee/Witness Signature			

5-1C

## INCIDENT STATEMENT

<b>Facility</b>	Cimarron Correctional Facility	<b>Incident Number</b>	2017-1003-486-PREA
<b>Incident Date</b>	August 26, 2017	<b>Incident Time (HRS)</b>	0700 hours
<b>Person Name</b>	<b>ID Number</b> (Employee #/Inmate #/Civilian ID)	<b>Person Type</b> (Employee/Inmate/Civilian)	<b>Person Role</b> (Witness or Participant)
Glenn Porter	99595	Inmate	Participant
<b>Housing Location (For Inmates/Residents Only)</b>			
<b>Based on your own knowledge, what did you see, hear, and do?</b>			
<b>Did you receive any injuries? YES or NO (If YES, Explain Below)</b>			
No			
<b>Were you evaluated by medical? YES or NO</b>			
Yes			
<b>Printed Name:</b>			
<b>Signature:</b>		<b>Date:</b>	
<b>Typed By:</b>		<b>Date:</b>	

This section to be completed by CCA staff if the civilian/other or inmate/resident refused to complete the 5-1C.

Place an "X" in the appropriate box:

<input checked="" type="checkbox"/>	Inmate/Resident refused to complete this 5-1C
<input type="checkbox"/>	Civilian/Other refused to complete this 5-1C

<b>Employee/Witness Printed Name</b>	R. MEBZADOS	<b>Date:</b>	8/28/17
<b>Employee/Witness Signature</b>			
<b>Employee/Witness Printed Name</b>	Tina McClaskey	<b>Date:</b>	8/28/17
<b>Employee/Witness Signature</b>	Tina M. McClaskey		

5-1C

## INCIDENT STATEMENT

Facility	CDF	Incident Number	2017-1003-486-PREA
----------	-----	-----------------	--------------------

Incident Date	8-26-17	Incident Time (HRS)	0700
---------------	---------	---------------------	------

Person Name	ID Number (Employee #/Inmate #/Civilian ID)	Person Type (Employee/Inmate/Civilian)	Person Role (Witness or Participant)
Thomas Shields	754754	Inmate	Participant

Housing Location (For Inmates/Residents Only)	
---	--

Based on your own knowledge, what did you see, hear, and do?

08/26/17 Inmate in EC 211 tried to suck my penis by asking me, and after getting some help he asked me to fuck him. After telling him no he became mad at me and said he would get some dick once I went to the TS. Sleepy I came to staff for help. We had no contact at all. I am remembering PC because I don't feel safe.

Did you receive any injuries? YES or NO (If YES, Explain Below)	No.
---	-----

Were you evaluated by medical? YES or NO	yes
--	-----

Printed Name:	Thomas Shields	Date:	08/26/17
Signature:	Thomas Shields	Date:	
Typed By:		Date:	

This section to be completed by CoreCivic staff if the civilian/other or inmate/resident refused to complete the 5-1C.

Place an "X" in the appropriate box:

<input type="checkbox"/>	Inmate/Resident refused to complete this 5-1C
<input type="checkbox"/>	Civilian/Other refused to complete this 5-1C

Employee/Witness Printed Name		Date:	
Employee/Witness Signature			

Employee/Witness Printed Name		Date:	
-------------------------------	--	-------	--



TOOL-L

**THIS DOCUMENT IS CONFIDENTIAL**

All or part of this report may be subject to the Attorney/Client Privilege and/or the Work Product Doctrine.

**CCA GENERAL COUNSEL OFFICE OF INVESTIGATIONS  
INVESTIGATION REPORT FORM**

<b>NAME OF SUBJECT FACILITY:</b>	Cimarron Correction
<b>FSC CASE #:</b>	
<b>FACILITY CASE #:</b>	1003
<b>PRIMARY ALLEGATION:</b>	Sexual Harassment

**To: Raymond Byrd, Warden**  
**From: Greg Jones, Facility Investigator**  
**Date: August 26, 2017**

**EXECUTIVE SUMMARY:**

Cimarron Correctional Facility (CCF)-Cushing, Oklahoma

On Saturday August 26, 2017 at 0700 Inmate Thomas Shields ODOC# 754757 (47 year old white male with no STG serving 90M for CON/FELONS PROHIB/CARRY FIREARMS out of McCurtain County) told Cimarron staff that his cell partner, Inmate Glenn Porter ODOC # 99595 (58 year old white male with no STG serving Life for Murder first degree out of Pottawatomie County) asked to suck his (Shield) penis. Inmate Glenn then stated that after inmate Shields went to sleep "he (Glenn) would get some dick".

Inmate Shields was removed from Echo Charlie cell 221 at 0701 and was escorted to medical and placed into a medical cell. Medical is currently conducting their evaluation. Facility investigator Jones is being notified and additional information will follow.

Thomas Shields ODOC# 754757 (47 year old white male with no STG serving 90M for CON/FELONS PROHIB/CARRY FIREARMS out of McCurtain County)

Glenn Porter ODOC # 99595 (58 year old white male with no STG serving Life for Murder first degree out of Pottawatomie County)

TOOL-L

**THIS DOCUMENT IS CONFIDENTIAL**

All or part of this report may be subject to the Attorney/Client Privilege and/or the Work Product Doctrine.

**INVESTIGATION PARTICIPANTS:**

First and Last Name	Formal Title
---------------------	--------------

Thomas Shields	Offender
----------------	----------

Glenn Porter	Offender
--------------	----------

**INVESTIGATION FINDINGS:**

In an interview conducted on August 26, 2017, Offender Thomas Shields indicated the following:

In an interview conducted on August 26, 2017, Offender Glenn Porter indicated the following:

**CONCLUSION SUMMARY:**

Offender Shields stated that Offender Porter had made sexual advances toward him and ask him if he wanted his "dicks sucked by a real woman" and that porter had been acting strange. Offender Porter stated that Offender Shields had exposed himself to him and he (Porter) told Shields that he does not have the desire to have sex. Both offenders place the claim on each other and denied that they made any sexual advances toward one another. Both offenders stated that there was No contact between them.

Investigative finding is Unsubstantiated

IG Yott, Ken Notified at 0955 hours

**EXHIBITS:**

Investigator's Signature

Date



2017-1003-486-PREA P1-P2

DATE: 8-26-17

TIME: 0700

P1 Photo of Inmate Shields



P2 Photo of Inmate Porter



R1

MH-B  
Medb-Yes

EC 221

Chief Complaint: Accused of committing a PREA/Preseg  
 Onset: 8-26-17  
 Location: EC 221  
 Medical History: None Asthma CAD COPD CVA DM HTN HIV MI Seizures Cancer Hep C  
 Allergies: IV preal contrast  
 Current Medications: Prenatal vitamins, Aldactone, Estrace, ASA

Vital Signs: BP 146/88 R: 18 P: 94 T: 97.0 Wt: 99.9 O2 sat: 99% FSISS:

Respiratory		CIRCLE ALL THAT APPLY		Cardiovascular	
<input checked="" type="checkbox"/> WNL	Labored Cough SOB Wheezes Stridor Crackles	<input checked="" type="checkbox"/> WNL	Chest pain Left arm pain Diaphoresis Orthopnea		
	Hemoptysis Pain with breathing Diminished Nasal flaring		Edema Palpitations Dizzy spells Syncope Tachycardia		
	Other:		Bradycardia Other:		
Gastrointestinal		Genitourinary			
<input checked="" type="checkbox"/> WNL	Nausea Diarrhea Dysphagia Melena Constipation	<input checked="" type="checkbox"/> WNL	Dysuria Nocturia Frequency Incontinence Flank pain		
	Vomiting: Clear Gastric Coffee grounds	Male:	Discharge Penile lesions		
	Hematemesis Hematochezia		Testicle pain Testicle swelling		
	Abdomen: Soft Tender Firm Distended	Female:	Vaginal discharge Abnormal bleeding		
	Bowel sounds: WNL Hyperactive Hypoactive Absent		Pelvic pain Dysmenorrhea Pregnant		
	Other:		Other:		
Skin		Treatments			
<input checked="" type="checkbox"/> Warm	Cool Dry Clammy Moist	<input type="checkbox"/>	Oxygen applied: Time: _____ liters		
Color: <input checked="" type="checkbox"/> WNL	Pale Flushed Cyanotic Jaundice	<input type="checkbox"/>	IV access started: Time: _____ Jelco size: _____		
M/Membrane: <input checked="" type="checkbox"/> WNL	Moist Sticky Parched		Site: _____ Inserted by: _____		
Turgor: <input checked="" type="checkbox"/> WNL	Decreased	<input type="checkbox"/>	Lactated Ringer <input type="checkbox"/> D5W <input type="checkbox"/> Normal Saline		
Edema: Absent Present		<input type="checkbox"/>	CPR started: Time: _____ CPR terminated: Time: _____		
Laceration: _____ cm	R/L Upper/Lower	<input type="checkbox"/>	Life Pack applied: Time: _____		
Location: Forehead Supraorbital Infraorbital		<input type="checkbox"/>	VS every 5-10 minutes until transported:		
Zygoma Maxilla Mandible Lid Ear Nose		Time: _____ BP _____ Pulse _____ Resp. _____ O2 sats. _____			
Lip Mouth Chin Neck Hand Wrist Forearm		Time: _____ BP _____ Pulse _____ Resp. _____ O2 sats. _____			
Elbow Leg Chest Back Shoulder Foot Ankle		Time: _____ BP _____ Pulse _____ Resp. _____ O2 sats. _____			
Type: Avulsion Flap Linear Jagged Stellate Irregular		<input type="checkbox"/>	Emergency department notification time: _____ Report given to: _____		
Through To: Skin Mucosa SQ Muscle Fascia Bone Galea		Time ambulance notified: _____ Ambulance arrival time: _____			
Other:		Ambulance departure time: _____			
Eyes/Ears/Nose/Throat		<input type="checkbox"/>	Tetanus given: _____ Time: _____		
Eyes: <input checked="" type="checkbox"/> WNL	Blurred vision Double vision Discharge		(dose/route/location)		
	Redness Photophobia		Send copy of ER assessment/treatment and Medication Charting Sheet (MAR's) to emergency department with patient		
Ears: <input checked="" type="checkbox"/> WNL	Pain Bleeding Drainage Ringing Hearing loss		Progress Notes		
Nose: <input checked="" type="checkbox"/> WNL	Bleeding Congestion Discharge		<u>Cell mate Accuses this inmate of committing PREA. Ready for Preseg.</u>		
Throat: <input checked="" type="checkbox"/> WNL	Pain Swelling Voice change				
Mouth: <input checked="" type="checkbox"/> WNL	Pain Swelling Bleeding				
Other:					
Neurological					
<input checked="" type="checkbox"/> WNL	Oriented X 3 Disoriented - person / place / time				
	Headaches Dizziness Seizure Tremors Fainting				
	Walking problems Speech problems				
	R/L: Altered sensation				
	R/L: Altered motor				
	Pulses: Present Absent				
Other:					
Musculoskeletal					
R/L: Pain Swelling Bruising Fracture Sprain					
Neck Chest wall Rib(s) Back Shoulder Arm Elbow					
Forearm Wrist Hand Pelvis Hip Leg Knee Foot					
Other:					

Medical Provider/RN Notified: Date 8-26-17 Time: 0900  
 Orders Received for Treatment: ☐ Yes ☐ No

QHCP Signature: J. Warren (RN)  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

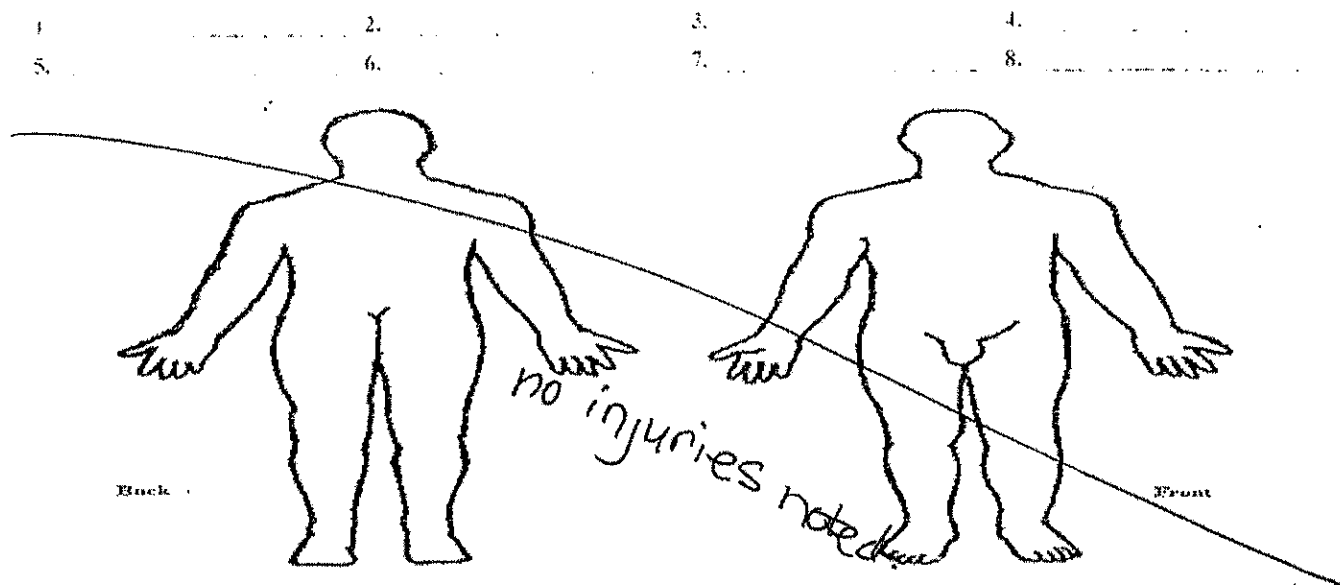
Medical Provider Signature:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. / P.M.

Offender Name: Porter, Glenn

DOC # 99595

OKLAHOMA DEPARTMENT OF CORRECTIONS  
NURSING UNIT FIVE FORTRESS  
Medical Diagram of Injury



(Nursing Protocol must be signed by the Medical Provider if offender displays any of the below s/s or any additional treatment/medication required)

**NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF:**

Lacerations	Fractures	Contusion
<input type="checkbox"/> Wound(s) is severe /deep / requires sutures <input type="checkbox"/> Bleeding is uncontrolled <input type="checkbox"/> Wound has imbedded debris not easily irrigated out <input type="checkbox"/> Laceration to the face, ear, nose, eyelid or over joint <input type="checkbox"/> Wound that edges do not approximate easily with Steri-Strips <input type="checkbox"/> Signs of infection present <input type="checkbox"/> Laceration to the abdomen or chest that may penetrate underlying organs	<input type="checkbox"/> Obvious deformity, Loss of sensation <input type="checkbox"/> Numbness/severe pain, Absent distal pulses <input type="checkbox"/> Mechanism of injury suggesting hidden trauma <input type="checkbox"/> Takes anticoagulants, Over age 50 <input type="checkbox"/> X-rays, tetanus booster  (If suspected fracture of the cervical spine, evaluate respiratory function continuously, place c-collar, call 911, do not attempt to move patient)	<input type="checkbox"/> Deformity is present <input type="checkbox"/> Impaired neurological/vascular status <input type="checkbox"/> Mechanism of injury suggesting hidden trauma <input type="checkbox"/> Marked swelling is present <input type="checkbox"/> Condition not responding to intervention

**Assessment:**

☐ Alteration in skin integrity related to trauma

**Plan: Nursing Intervention Routine: (check all that apply)**

Lacerations	Fractures	Contusions
<input type="checkbox"/> Stop bleeding with pressure <input type="checkbox"/> Apply telfa pad, clean dry dressing or butterfly dressing <input type="checkbox"/> Wash well with antiseptic soap, sterile water or sterile normal saline, remove all ingrained dirt <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days <b>OR</b> <input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal	<input type="checkbox"/> C-collar, back board, c-spine precautions <input type="checkbox"/> Immobilize affected limb prior to moving <input type="checkbox"/> Elevate affected limb <input type="checkbox"/> Splint joint above and below injury <input type="checkbox"/> Apply ice <input type="checkbox"/> Sling for upper extremity <input type="checkbox"/> Ice to closed injury site <input type="checkbox"/> Cover open wound with sterile dressing <input type="checkbox"/> Crutches (if indicated) <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days <b>OR</b> <input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal	<input type="checkbox"/> Consider immobilization of injury with splint or ace wrap until seen by medical provider or RN <input type="checkbox"/> Apply ice to the affected area to reduce swelling <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days <b>OR</b> <input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal <input type="checkbox"/> Consider crutches if lower extremity

☐ Education/Intervention: Instructed to keep wound clean and dry, signs and symptoms of infection, follow-up sick call if no improvement, condition worsens or fever. Offender verbalizes understanding of instructions

Medical Provider Signature/Credentials

QHCP Signature/Credentials

Offender Name

Janette Warren LAR  
Porter, Glenn

Date:

Date:

Time: 0900  
DOC # 99595



## OKLAHOMA DEPARTMENT OF CORRECTIONS

## Emergency Care Record

(Medical Diagram of Injury)

R2

MH-A  
Meds-NO

Chief Complaint:

Onset:

Medical History: None Asthma CAD COPD CVA DM HTN HIV MI Seizures Cancer Hep C

Allergies:

Current Medications: ZolofastVital Signs: B/P 122/82 R: 20 P: 74 T: 98.5 Wt. 97% FSB S:

Respiratory	CIRCLE ALL THAT APPLY	Cardiovascular
WNL Labored Cough SOB Wheezes Stridor Crackles	WNL Chest pain Left arm pain Diaphoresis Orthopnea	
Hemoptysis Pain with breathing Diminished Nasal flaring	Edema Palpitations Dizzy spells Syncope Tachycardia	
Other:	Bradycardia Other:	
Gastrointestinal	Genitourinary	
WNL Nausea Diarrhea Dysphagia Melena Constipation	WNL Dysuria Nocturia Frequency Incontinence Flank pain	
Vomiting: Clear Gastric Coffee grounds Hematemesis Hematochezia	Male: Discharge Penile lesions Testicle pain Testicle swelling	
Abdomen: <u>Soft</u> Tender Firm Distended	Female: Vaginal discharge Abnormal bleeding	
Bowel sounds: <u>WNL</u> Hyperactive Hypoactive Absent	Pelvic pain Dysmenorrhea Pregnant	
Other:	Other:	
Skin	Treatments	
Warm Cool <u>Dry</u> Clammy Moist	<input type="checkbox"/> Oxygen applied: Time: _____ liters	
Color: WNL Pale Flushed Cyanotic Jaundice	<input type="checkbox"/> IV access started: Time: _____ Jelco size: _____	
M/Membrane: <u>WNL</u> Moist Sticky Parched	Site: _____ Inserted by: _____	
Turgor: <u>WNL</u> Decreased	<input type="checkbox"/> Lactated Ringer <input type="checkbox"/> D5W <input checked="" type="checkbox"/> Normal Saline	
Edema: Absent Present	<input type="checkbox"/> CPR started: Time: _____ CPR terminated: Time: _____	
Laceration: _____ cm R/L Upper/Lower	<input type="checkbox"/> Life Pack applied: Time: _____	
Location: Forehead Supraorbital Infraorbital	<input type="checkbox"/> VS every 5-10 minutes until transported:	
Zygoma Maxilla Mandible Lid Ear Nose	Time: _____ BP _____ Pulse _____ Resp. _____ O2 sats. _____	
Lip Mouth Chin Neck Hand Wrist Forearm	Time: _____ BP _____ Pulse _____ Resp. _____ O2 sats. _____	
Elbow Leg Chest Back Shoulder Foot Ankle	Time: _____ BP _____ Pulse _____ Resp. _____ O2 sats. _____	
Type: Avulsion Flap Linear Jagged Stellate Irregular	<input type="checkbox"/> Emergency department notification time: _____ Report given to: _____	
Through To: Skin Mucosa SQ Muscle Fascia Bone Galea	Time ambulance notified: _____ Ambulance arrival time: _____	
Other:	Time ambulance departure time: _____	
Eyes/Ears/Nose/Throat	<input type="checkbox"/> Tetanus given: _____ (dose/route/location) Time: _____	
Eyes: <u>WNL</u> Blurred vision Double vision Discharge	Send copy of ER assessment/treatment and Medication Charting Sheet (MAR's) to emergency department with patient	
Redness Photophobia	Progress Notes	
Ears: <u>WNL</u> Pain Bleeding Drainage Ringing Hearing loss	IM brought ambulatory to medic for PREA evaluation. IM denied any skin to skin contact and denied any injuries. No injuries noted. Interviewed IM. IM was taken to AS.	
Nose: <u>WNL</u> Bleeding Congestion Discharge		
Throat: <u>WNL</u> Pain Swelling Voice change		
Mouth: <u>WNL</u> Pain Swelling Bleeding		
Other:		
Neurological		
WNL <u>Oriented X3</u> Disoriented <u>person</u> <u>place</u> <u>time</u>		
Headaches Dizziness Seizure Tremors Fainting		
Walking problems Speech problems		
R/L: Altered sensation		
R/L: Altered motor		
Pulses: Present Absent		
Other:		
Musculoskeletal		
R/L: Pain Swelling Bruising Fracture Sprain		
Neck Chest wall Rib(s) Back Shoulder Arm Elbow		
Forearm Wrist Hand Pelvis Hip Leg Knee Foot		
Other:		
	Medical Provider/RN Notified: Date: _____ Time: _____	
	Orders Received for Treatment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	QHCP Signature: _____ Date: <u>8/26/17</u> Time: <u>0720</u>	

Medical Provider Signature:

Date:

Time:

A M P M

Offender Name  
(Last First)Shields, Thomas

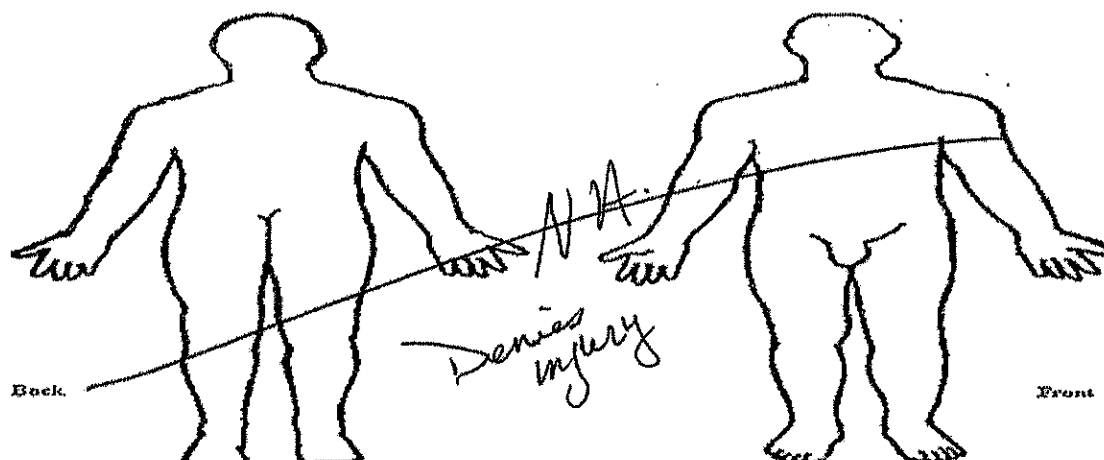
DOC #

754757

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
NURSING PRACTICE PROTOCOLS  
Medical Diagram of Injury**

MSM-001-001-001-001  
Page 2 of 2  
R-12-18

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_



(Nursing Protocol must be signed by the Medical Provider if offender displays any of the below s/s or any additional treatment/medication required)

**NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF:**

Lacerations	Fractures	Contusion
<input type="checkbox"/> Wound(s) is severe /deep / requires sutures <input type="checkbox"/> Bleeding is uncontrolled <input type="checkbox"/> Wound has imbedded debris not easily irrigated out <input type="checkbox"/> Laceration to the face, ear, nose, eyelid or over joint <input type="checkbox"/> Wound that edges do not approximate easily with Steri-Strips <input type="checkbox"/> Signs of infection present <input type="checkbox"/> Laceration to the abdomen or chest that may penetrate underlying organs	<input type="checkbox"/> Obvious deformity, Loss of sensation <input type="checkbox"/> Numbness/severe pain, Absent distal pulses <input type="checkbox"/> Mechanism of Injury suggesting hidden trauma <input type="checkbox"/> Takes anticoagulants, Over age 50 <input type="checkbox"/> X-rays, tetanus booster  (If suspected fracture of the cervical spine, evaluate respiratory function continuously, place c-collar, call 911, do not attempt to move patient)	<input type="checkbox"/> Deformity is present <input type="checkbox"/> Impaired neurological/vascular status <input type="checkbox"/> Mechanism of injury suggesting hidden trauma <input type="checkbox"/> Marked swelling is present <input type="checkbox"/> Condition not responding to intervention

**Assessment:**

☒ Alteration in skin integrity related to trauma

**Plan:** Nursing Intervention Routine: (check all that apply)

Lacerations	Fractures	Contusions
<input type="checkbox"/> Stop bleeding with pressure <input type="checkbox"/> Apply telfa pad, clean dry dressing or butterfly dressing <input type="checkbox"/> Wash well with antiseptic soap, sterile water or sterile normal saline, remove all ingrained dirt <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days <b>OR</b> <input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal	<input type="checkbox"/> C-collar, back board, c-spine precautions <input type="checkbox"/> Immobilize affected limb prior to moving <input type="checkbox"/> Elevate affected limb <input type="checkbox"/> Splint joint above and below injury <input type="checkbox"/> Apply ice <input type="checkbox"/> Sling for upper extremity <input type="checkbox"/> Ice to closed injury site <input type="checkbox"/> Cover open wound with sterile dressing <input type="checkbox"/> Crutches (if indicated) <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days <b>OR</b> <input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal	<input type="checkbox"/> Consider immobilization of injury with splint or ace wrap until seen by medical provider or RN <input type="checkbox"/> Apply ice to the affected area to reduce swelling <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days <b>OR</b> <input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal <input type="checkbox"/> Consider crutches if lower extremity

☒ Education/Intervention: Instructed to keep wound clean and dry, signs and symptoms of infection, follow-up sick call if no improvement, condition worsens or fever. Offender verbalizes understanding of instructions.

Medical Provider Signature/Credentials

QHCP Signature/Credentials

Offender Name  
(Last First)

Date: \_\_\_\_\_ Time: 0720

Date: 8/26/17 Time: 0811

DOC #

754757



123

Attachment H  
OP-050108  
Page 1 of 3

<b>Incident Notification Checklist</b>							
As incidents vary, additional questions may need to be asked to clarify (if possible) the event(s) that occurred. An update of staff or offender injuries will require a follow-up e-mail to provide the condition of staff and/or offenders. This update should be requested periodically and supplied by the facility as new information is learned.							
Original:		August 26, 2017		Updated:			
Facility:		Cimarron Correctional Facility		Reported by:		Warden Raymond Byrd	
Type of Incident:		PREA Inmate on Inmate Sexual Harassment					
Date/Time Incident Occurred:		August 26, 2017 @ 0700		Date/Time Division Manager Notified:		August 26, 2017 @ 0721	
Location of Incident (Unit, Quad, Cell, dining hall, etc.)			Echo Charlie Cell 221		Unit locked down?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has DOC Inspector General been notified?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		By Whom?		Facility Investigator Greg Jones	
				When?		August 26, 2017 @ 0955	
Incident Classification							
1. Offender-on-Offender assaults with serious injury: No 1a. Number of Offender-on-Offender victims of assaults with serious injury: 0 2. Offender-on-Offender assaults without serious injury: No 3. Offender-on-Offender fight: No 4. Offender-on-Offender assaults by throwing substances: No 5. Disruptive Event: No							
Offenders Involved (attach additional pages if needed)							
Full Name		DOC #		Race		Age	
Glenn Porter		99595		W		58	
Thomas Shields		754757		W		47	
						Serving Life for Murder first degree out of Pottawatomie County	
						Serving 90 M for CON/Felons PROHIB/CARRY FIREARMS out of McCurtain County	
Staff Involved (attach additional pages if needed)							
Full Name		Title/Position					
Arthur Fox		Chaplain					
Timothy McCool		Senior Correctional Officer					
Dwight Munday		Shift Supervisor					
Earl Hamby		Assistant Shift Supervisor					
Greg Jones		Investigator					
Brief Summary of Incident							

On Saturday August 26, 2017 at 0700 Chaplain Arthur Fox was conducting Facility Duty Officer rounds on Echo Charlie unit. When Chaplain Fox arrived to Echo Charlie cell 221 inmate Thomas Shields ODOC# 754757 (47 year old White No STG) was standing at the cell door with a sign say "Help me please PREA". Chaplain Fox told inmate Shields that he was going to go inform the unit officer. Chaplain Fox then went and informed Senior Correctional Officer Timothy McCool. Senior Officer McCool immediately notified Shift Supervisor Dwight Munday of the PREA claim made. Shift Supervisor Munday had Assistant Shift Supervisor Earl Hamby report to Echo Charlie to remove Inmate Shields from cell 221.

Once in Echo Charlie Supervisor Hamby removed Inmate Shields from cell 221 to interview and have Inmate Shields write a statement. Inmate Shields statement stated that inmate Glenn Porter ODOC# 99595 (58 year old White No STG) asked inmate Shields to let "him (Porter) suck his (Shields) penis. Inmate Shields refused the advance. The statement then went on to say that after Inmate Shields refused inmate Porter stated "He would get some dick after he (Shields) went to sleep".

Supervisor Hamby escorted inmate Shields to medical for evaluation. Upon being evaluated inmate Shields received no injuries. Inmate Shields was then interviewed by Facility Investigator Greg Jones. After the interview with Investigator Jones inmate was placed in a medical cell until housing could be made available.

Supervisor Hamby then escorted Inmate Porter from Echo Charlie 221 to medical for evaluation and to be interviewed by Investigator Jones. Inmate Porter had no injuries reported during the medical evaluation. Investigator Jones then conducted an interview with inmate Porter, Inmate Porter stated that inmate Shields had exposed himself to inmate Porter. Inmate Porter told inmate Shields that "he (Porter) had no desire to have sex". Once the interview was completed Inmate Porter was escorted back to Echo Charlie cell 221.

After the investigation was completed by Investigator Jones it was determined that both inmate Porter and Inmate Shields placed the claim on each other, and both inmate Porter and Inmate Shields denied making sexual advances towards one another. Both inmate Porter and inmate Shields stated that there was no contact between them. Investigator Jones found the claim to be unsubstantiated.

**INMATE(S) INVOLVED:**

Glenn Porter # 99595  
Thomas Shields # 754757

**ESCORTS:** Supervisor Hamby escorted inmate Shields from Echo Charlie 221 to Medical for evaluation and to be interviewed. Supervisor Hamby then escorted inmate Shields to a cell for holding until housing could be made available.

Supervisor Hamby escorted inmate Porter from Echo Charlie cell 221 to medical for evaluation and to be interviewed. Inmate Porter was then escorted by Supervisor Hamby from medical back to Echo Charlie cell 221

**MEDICAL REPORTS/INJURIES TO STAFF / OFFENDERS:** No injuries were reported to staff or inmates

**USE OF FORCE:** None

**ADDITIONAL INFORMATION:** Offender Shields stated that Offender Porter had made sexual advances toward him and ask him if he wanted his "dicks sucked by a real woman" and that porter had been acting strange. Offender Porter stated that Offender Shields had exposed himself to him and he (Porter) told Shields that he does not have the desire to have sex. Both offenders place the claim on each other and denied that they made any sexual advances toward one another. Both offenders stated that there was No contact between

Attachment H  
OP-050108  
Page 3 of 3

them.

Investigative finding is Unsubstantiated

**CONCLUSION:** Inmate Shields stated that Inmate Porter made sexual advances towards him (Shields), stating that inmate Porter asked to "suck his (Shields) penis. Shields also stated that inmate Porter stated "I will get some dick after you go to sleep". Inmate Porter was then interviewed by Investigator Jones. Inmate Porter stated during the interview that inmate Shields was the one to make sexual advances by exposing his (Shields) penis to him (Porter).

**NOTIFICATION:** Virgil Ensey August 26, 2017 @ 0715 by Assistant Shift Supervisor Earl Hamby.  
Lane Blair August 26, 2017 @ 0718 by Assistant Warden Virgil Ensey.  
Jamie Keef August 26, 2017 @ 0721 by Assistant Warden Virgil Ensey.  
Ken Yott August 26, 2017 @ 0955 by Facility Investigator Greg Jones.

Staff/Offender Injuries					
(Be as specific as possible—head wound, puncture wound, etc., to include any emergency treatment/hospital transport)					
None					
Weapons Used/Recovered (if known)					
None					
If applicable, was the offender single celled?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no, was cell partner involved?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name/DOC#	Glenn Porter # 99595
Any other pertinent information specific to this incident					
Notification					
Reported to Division Manager by:					
Name: _____		Date: _____		Time: _____	
INSPECTOR GENERAL'S OFFICE TO NOTIFY THE PUBLIC INFORMATION OFFICER					
_____		Date: _____		Time: _____	
Signature of Division Manager					
Comprehensive Report Ordered: ____ Yes ____ No					
The report will be as detailed as possible utilizing Attachment A "Comprehensive Report."					

## Incident Classification Definitions

Offender-on-offender assaults with serious injury – A serious injury requires urgent and immediate medical treatment and restricts the offender's usual activity. Medical treatment should be more extensive than mere first aid, such as the application of bandages to wounds; it might include stitches, setting of broken bones, treatment of concussion, loss of consciousness, etc.

Number of Offender-on-offender victims – An assault may have more than one victim; count the number of victims.

Offender-on-offender assaults without serious injury – An assault that results in an injury that does not require urgent and immediate medical treatment.

Offender-on-offender fight – Do not count serious assaults or assaults that do not involve serious injury as "fights." A fight may include a flare of tempers with physical contact (e.g. punch, hard shove, etc.), mutual combat, or minor physical contact between two or more offenders where there was no injury.

Offender-on-offender assaults by throwing substances – Exclude assaults with serious injury. Include assaults by throwing or spitting liquid, blood, waste, chemicals, urine, etc. that involved non-serious injury or no injury.

Disruptive Event – Incidents brought about by offender action that resulted in loss of control of the facility or a portion of the facility and required extraordinary measure to regain control.

Victim – An individual who is harmed or assaulted by another individual regardless of whether the identity of the assailant(s) was substantiated by the disciplinary process or a court of law. However, there must be sufficient evidence that the injury resulted from an attack and not an accident.

(R 6/14)

R4

Attachment K-2  
 OP-050108  
 Page 1 of 3

### Serious Incident Database Report Private Prisons

1. Facility: Cimarron Correctional Facility
2. Date of Incident: 08/26/2017
3. Offender Offense History: Violent
4. Area of Incident: Cell
5. Narrative:  
Inmate Shields stated that Inmate Porter made sexual advances towards him (Shields), stating that Inmate Porter asked to "suck his (Shields) penis. Shields also stated that Inmate Porter stated "I will get some dick after you go to sleep". Inmate Porter was then interviewed by Investigator Jones. Inmate Porter stated during the interview that inmate Shields was the one to make sexual advances by exposing his (Shields) penis to him (Porter).
6. Who was the first responder to the incident? Security Staff
7. If PREA, was the incident referred to Internal Affairs? Yes
8. If Use of Force was used, was it? N/A
9. If planned, was Medical contacted prior to Use of Force? N/A
10. Was the incident video recorded? No
11. If electronic technology was used, was the offender medically cleared? N/A
12. What type of non-deadly force equipment was used?

☐ Inflammatory

☐ OC

☐ CS (Private Prisons ONLY)

☐ Electronic Technology

☐ Electronic Shield

☐ Radio Active Custody Control

☐ Taser

☐ Physical Restraint Device

☐ Belly Chains

☐ Four or Five point restraints

☐ Handcuffs

☐ Leg Irons

☐ Restraint Chair

☐ Other



Attachment K-2

OP-050108

Page 2 of 3

13. What level of force was used?

☐ Inflammatory Agent

☐ OC

Weight prior to use:

☐ CS (Private Prisons ONLY)

Weight prior to use:

☐ Deadly Force

☐ Impact Weapons

☐ Hand Gun

☐ Baton

☐ Rifle- Sniper

☐ Collapsible Baton

☐ Rifle- Tower

☐ Shot Gun

☐ Physical Contact

☐ Defensive Tactics- hold

☐ Offensive Tactics- Striking

14. Was more than one camera used to record incident? No

15. Were there injuries during the Use of Force? N/A

16. Where was the injury treated? N/A

17. Injuries Sustained:

☐ Staff

☐ Offender

☐ Both

18. What was the mental health levels of the offenders involved? B

19. Was the offender taking prescribed medications? Yes

Attachment K-2  
OP-050108  
Page 3 of 3

20. Was the incident racially motivated? No

21. Race(s) involved?

☐ Black

☒ White

☐ Hispanic

☐ Native American

☐ Other

(10/12)